PTO/SB/17 (12-04v2)
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TA IRAD			Complete if Known					
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number		10/006,585-Conf. #4965			
FEE TRANSMITTAL			Filing Date		December 10, 2001			
			First Named Inventor		Kazuaki MATOBA			
For FY 2005			Examiner Name		M. J. Koval			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 2851		2851			
TOTAL AMOUNT OF PAYMENT (\$) 910.00		Attorney Docket	attorney Docket No. 1190-0533F					
METHOD OF PAYMENT (che	eck all that apply)							
X Check Credit Card	Money Order	Non		please ident		0.5: 1.11		
Deposit Account Deposit Acco					wart, Kolasch		Ρ	
For the above-identified d	•	irector is		•	, , ,	•		
Charge fee(s) indica	ated below		Charge	e fee(s) inc	licated below, e	except for the	filing fee	
Charge any addition fee(s) under 37 CF	nal fee(s) or underpayı R 1.16 and 1.17	ment of	x Credit	any overpa	ayments			
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND			DOLLEEEO	EVALUE.				
	FILING FEES Small Entity	SEA	RCH FEES Small Entity	EXAMIN	IATION FEES Small Entity	S		
Application Type Fee	(\$) Fee (\$)	Fee (\$)		Fee (\$)	Fee (\$)	Fees Pa	id (\$)	
•	00 150	500	250	200	100			
Design 2	00 100	100	50	130	65			
Plant 2	00 100	300	150	160	80			
Reissue 3	00 150	500	250	600	300			
Provisional 29	00 100	0	0	0	0			
2. EXCESS CLAIM FEES Fee Description						<u>S</u> Fee (\$)	mall Entity Fee (\$)	
Each claim over 20 (including Re	•					50	25	
Each independent claim over 3 (including Reissues)						200	100	
Multiple dependent claims						360	180	
Total Claims Extra Claims	Fee (\$)	Fee P	aid (\$)	<u>M</u>	ultiple Depend			
=	_ x =		 	<u>Fe</u>	<u>e (\$)</u>	Fee Paid (\$)		
Indep. Claims Extra Claims	s <u>Fee (\$)</u>	Fee P	aid (\$)		 _			
3. APPLICATION SIZE FEE If the specification and drawing listings under 37 CFR 1.52(e sheets or fraction thereof. Se)), the application size	e fee due	is \$250 (\$125 f					

Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 1251 Extension for response within first month						790.00 120.00
SUBMITTED BY Signature	an M		Registration No.	39,491	Telephone	(703) 205-8000
Name (Print/Type)	Michael R. Camm	arata	(Attorney/Agent)	00,401	Date	September 26, 2005

Number of each additional 50 or fraction thereof

_____ (round up to a whole number) x

Fee Paid (\$)

Fees Paid (\$)

Fee (\$)

Total Sheets

4. OTHER FEE(S)

Extra Sheets

Non-English Specification, \$130 fee (no small entity discount)

- 100 = ______ /50